

Clerk stamps date here when form is
filed**1 Your Information** (person who asked the court to waive court fees):

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

2 Your lawyer, if you have one (name, address, phone number, e-mail,
and State Bar number): __________

_____**3 Date of order** denying your request to waive court fees
(month/day/year): _____☐ (Check here if you have a copy of the order denying your
request, and attach it to this form.)

Fill in court name and street address:

Superior Court of California, County of _____

Fill in case number and case name:

Case Number: _____

Case Name: _____

4 I ask the court for a hearing on my fee waiver request so that I can bring more information
about my financial situation.**5** ☐ The additional facts that support my request for a fee waiver are (describe):
(Use this space if you want to tell the court in advance what facts you want considered at the hearing. If the
space below is not enough, attach form MC-025. Or attach a sheet of paper and write Additional Facts and your
name and case number at the top. You may also attach copies of documents you want the court to look at.)_____

Date: _____

Print your name here**Request for Accommodations.** Assistive listening systems, computer-assisted real-time captioning, or sign
language interpreter services are available if you ask at least five days before your hearing. Contact the
clerk's office for *Request for Accommodation*, form MC-410.